## INTERGOVERNMENTAL INTERNSHIP COOPERATIVE (IIC) INTERNSHIP APPLICATION

If your application does not provide all the information requested on this form and in the position announcement, you may lose consideration for a position.

<b>1</b> J	ob title in announceme	ent	<b>2</b> Age	ency	3 Name	e of Agency Contact	
4 └	ast name		First and middle n	ames	5 E-mai	address	
6 N	failing address		*		<b>7</b> Phone Daytin	numbers (include area one ( )	code)
Ċ	city		State ZIP Cod			( )	
			<u>:</u> -		Evenii	ng ( )	
<b>8</b> Ac	cademic Year (circle o	ne) FR SO J	R SR	Academic Major			
	cademic Advisor	,					
	Advisor Phone			 Email			
11 1)	Describe your paid Job title (if Federal,	and nonpaid work exp include series and gra	ade)			t attach job descriptions.	
	From (MM/YY)	To (MM/YY)	Salary : \$	per	-	Hours per week	
	Employer's name a	nd address				Supervisor's e-mail and p	hone number
		current supervisor? \					
2)		d nonpaid work exper	ience related to the job de)	for which you are appl	ying. Do <b>not</b> a	ttach job descriptions.	
	From (MM/YY)	To (MM/YY)	Salary \$	per	- 1	Hours per week	
	Employer's name an	d address	Ψ			Supervisor's e-mail and p	hone number
	Describe your duties	and accomplishment	s (please attach addition	nal sheets)		(,, <b>)</b> ,,,,,,	
	May we contact your	current supervisor?	res 🗌 💮 NO 🗌				

	<b>DUCATION</b> Mark highest level completed.	Some HS	HS/GED	Associate [	Bachelor [	Master	Doctoral
13	Last high school (HS) or GED	school. Give the school	ol's name,	, city, State, ZIP Cod	e (if known), and ye	ear diploma or GE	D received.
14	Colleges and universities atten	ded. Do <b>not</b> attach a d	copy of yo	our transcript unless r	requested.		
1)	Name		Total Credits Earned Semester Quarter		Major(s)	Deg (if a	gree - Year ny) Received
	City	State ZIP Code	-				
2)						:	
GF	<b>ENERAL</b>						
	Ara vava II C aitimara	YES 🗀	NO [	☐ è Give the co	ountry of your citizensh	in	
16 17	,	<u> </u>	YES		claim of 5 or 10 points		
		your DD 214 or other proo	of. 10		ttach an <i>Application for 1</i> equired.		
18	Were you ever a Federal civilian e	mployee?	YES [	☐ è For highest civ	vilian grade give:	Series Grade	From (MM/YY) To (MM/YY)
40	Are you eligible for reinstatement		L				
19	. ,	basea on oareer or oaree		nal Federal status?			
19	,	NO	YES [	<u></u>	l, attach SF 50 proof.		
	EFERENCES			<b>–</b>	l, attach SF 50 proof.		
RE	, .	NO		<b>–</b>	l, attach SF 50 proof.		
RE 20	EFERENCES	NO		<b>–</b>	l, attach SF 50 proof.		
<b>RE 20</b> Na	EFERENCES  Please list 2 references. (One aca	NO		è If requested	l, attach SF 50 proof.		

## **APPLICANT CERTIFICATION**

21 I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE DATE SIGNED